

TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Complete if Known


Application Number	09/927,341
Filing Date	August 13, 2001
First Named Inventor	Barry FORMAN et al.
Examiner Name	Anne L. Holleran
Group Art Unit	1642
Attorney Docket Number	1954-352

Total Number of Pages in This Submission

ENCLOSURES (check all that apply)

- | | | |
|--|---|--|
| <input type="checkbox"/> Fee Transmittal Form | <input type="checkbox"/> Assignment Papers | <input type="checkbox"/> After Allowance Communication to Group |
| <input type="checkbox"/> Fee Attached | <input type="checkbox"/> Drawing(s) | <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences |
| <input checked="" type="checkbox"/> Amendment/Reply | <input type="checkbox"/> Licensing-related Papers | <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) |
| <input type="checkbox"/> After Final | <input type="checkbox"/> Petition | <input type="checkbox"/> Proprietary Information |
| <input type="checkbox"/> Preliminary | <input type="checkbox"/> Petition to Convert to a Provisional Application | <input type="checkbox"/> Status Letter |
| <input type="checkbox"/> Extension of Time Request | <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address | <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): |
| <input type="checkbox"/> Express Abandonment Request | <input type="checkbox"/> Terminal Disclaimer | PTO-1449 Form |
| <input checked="" type="checkbox"/> Information Disclosure Statement | <input type="checkbox"/> Request for Refund | One Reference for IDS |
| <input type="checkbox"/> Certified Copy of Priority Document(s) | <input type="checkbox"/> CD, Number of CD(s) | One Reference for Amendment |
| <input type="checkbox"/> Response to Missing Parts/ Incomplete Application | | Duplicate of Amendment |
| <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 | | |

REMARKS:

SUBMITTED BY		Complete (if applicable)			
NAME AND REG. NUMBER	Martha Cassidy, Reg. No. 44,066				
SIGNATURE		DATE	4/29/04	DEPOSIT ACCOUNT USER ID	02-2135